

As medical men to take what comes to us honestly is our privilege, but righteousness with a full view of the future is our duty. This righteousness is even more necessary with us to-day than it had been with those of the years gone by. In former days when traveling was by stage-coach, people settled down in their communities; a near-by town was too difficult of access to visit frequently, and the medical man was a part of the stay-at-home community. Now, however, the well-to-do people are spending less time in the country and more in towns, where there is congregated learning, business, wealth and society.

Not many years ago it was an event causing considerable gossip for a medical man to leave his place of practice and repair to one of the great cities in search of learning in medicine. After his rather early return it was satisfying and even gratifying for his neighbors to feel that superior wisdom had come to him, he and they were convinced that he was now entitled to recognition as a specialist, and a framed certificate signed by a leader in the subject attesting to his having taken a few weeks' course in a post-graduate school further helped to make this assumption valid. Not to be outdone, other ambitious ones of his fellow practitioners soon began to do likewise, and then it became necessary for men to make annual pilgrimages to the centers of learning to maintain their status. In these communities in the last ten years men have settled for practice who were the products of medical colleges of good quality. They, because of education, were more scientific than the older practitioners, and they journeyed to the cities as a duty to science. The literature of the medical journals has gone to the most remote recesses of the country, carrying with it information of the developments in medicine and awakening ambitions generally. Ready and inexpensive transportation placed the far parts of the country in quick touch with thickly populated localities, and the medical men traveled and came into contact with each other.

The magazines, lecture platforms, lay press, etc., have given decidedly more knowledge of medical matters to the lay people than ever before, and there are now many persons who can intelligently discuss medical subjects. The exclusiveness and dictatorialness of the former-day medical man have become rare and are now regarded by the lay people as signs of effrontery or cloaks of ignorance. From all over the medical man has been drawn into the melting-pot of progress, so that the distinctions between him and the lay people are dropping like leaves in the fall.

In this development of the times, it seems that we should think of how we should conduct ourselves to meet the changing conditions, not only those of to-day, but those which will come. As all great movements are built on tradition and segmentary development, are we as medical men of to-day not shirking the responsibility of building props of development for the practitioners to come? From the conduct and interests of lay people we can learn nothing that would be helpful to us in professional ways, yet, they now being within our ranks, should we not be more careful of exhibitions of our ideas, temper and style of talk, morals, etc., than ever before?

There are those among us who have no confidence in their fellow practitioner, because they are keenly aware of their own unworthiness. With these, definite assertions of opinion, a look of dissatisfaction, a shrug of the shoulders, a word dropped here and there so that it might go into the channels of another practitioner's case, are still cheap bids for practice. With the awakening knowledge of us among the lay people, why do some men persist in practicing these when they can only react to their own discredit and limitation? Why not accept the standard that every one is worthy of the price he puts on his service, and not engage in fee-splitting, or having fees lowered for a patient so that he may feel dependent for guidance in medical affairs when the patient can and is liable to go elsewhere for service without considering any one of us? We must not, while we pretend to be friends, engage in backbiting and defaming one another, but be real friends at all times, or at least be silently indifferent toward those we have no regard for.

When we meet scientifically, let us do so on the basis of individual merit, and when socially, let us do so on the basis of congeniality of taste or good comradeship, and not for a feverish craving for self-advertisement, admiration or excitement. Remember that the lay people are close to us now, seeing, hearing, learning and deeply

interested in all of the affairs that we engage in.

The practice of medicine is the noblest profession of man, and the art full of fine examples of the past and present. Then why, in these gatherings of ours to which we invite members of the boards of directors of our hospitals, and when other lay people are present, do we engage in questionable stories, common talk, and tell tales about some other practitioner or speak humorously of things that should be sacred with us? It seems that the day has come when all of us should show more pride in our calling, our institutions and ourselves and act before the public with dignity so that they must respect us fully, now, and when we show them the wares of ours that they are still to see and learn of. This is the course that will educate the people away from ready criticism of doctors and medical matters, stop the publishing of articles and those overdrawn jokes on doctors in the lay press, and make for opposition against the establishment of creeds, sects and cults. Democratic demeanor is the noble standard of America, but it does not require the debasement of our profession or ourselves for its development or perfection—far from it.

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